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SMOKE

" Hell is a city much like London—
A populous and smoky city."
—Shelley

To those brought up in the country, it is astonishing that life in an industrial city should be possible at all. The air itself, all-permeating, is thick, congested, heated, filthy, the exhalation and the inspiration of a crowded mechanical life. But the atmosphere is such a constant part of our environment that it is accepted and ignored; like everything familiar, it has become habitual.

About 500 tons of smoke a year fall on each square mile in London; the page of a book is coated with a visible layer of dust, soot and bedevilment in the time taken to read it. On the finest day the view from the summit of St. Paul's does not extend to the bounds of London, and the sunlight falls on a grey impervious carpet of smoke. In all the Home Counties, it is exceptionally rare to be able to fly with a clear horizon; summer haze and winter fog are but meteorological exacerbations of a persistent miasma of our own making. Only out of England does the reality of this pollution become obvious by contrast: the vigour and zest of unadulterated air must largely explain the attraction for invalids and politicians, for undergraduates and field-marshals, of a holiday in Switzerland or Scandinavia.

Why do millions flock to the West Country, turning the Duchy and the Principality into Trippers' kingdoms? Why is the West End synonymous with the Best End, and the Eastern railway system so much less efficient than the Southern? Surely it is because the wind blows generally from the west and south, and collects in its passage the effluvium of a million chimneys. Every steeple in the City reveals the direction of the prevailing wind by its blackened leeward side and rain-washed windward face, as a tree will serve for compass in the country, its trunk only half moss-grown.

The damage done by atmospheric pollution is incalculable, but it is grave enough, and steadily increasing. As long ago as 1661, John Evelyn wrote: "This is that pernicious Smoake which sullyes all her Glory, superinducing a sooty Crust or Fur upon all that it lights, spoyling the moveables, tarnishing the Plate, Gildings and Furniture, and corroding the very Iron-bars and hardest Stones with these piercing and acrimonious Spirits which accompany its Sulphure; and executing more in one year, than exposed to the pure *Aer* of the Country it could effect in some hundreds. It is this horrid Smoake which obscures our Churches, and makes our Palaces look old, which fouls our Clothes, and corrupts the Waters, so as the very Rain, and refreshing Dews which fall in the several Seasons, precipitate this impure vapour, which, with its black and tenacious quality, spots and contaminates whatever is exposed to it. It is this which scatters and strews about those black and smutty *Atomes* upon all things where it comes, insinuating itself into our very secret *Cabinets*, and most precious *Repositories*: Finally, it is this which diffuses and spreads a Yellownesse upon our choycest Pictures and Hangings:

which does this mischief at home, is *Avernus* to *Fowl*, and kills our *Bees* and *Flowers* abroad, suffering nothing in our Gardens to bud, display themselves, or ripen . . . " In the seventeenth century apple trees grew in the Strand, though they bore well only when the supply of sea-coal was cut off by the siege of Newcastle. Today, plane trees alone breathe freely in London, perhaps because they shed their grime-stained bark; and it has proved impossible to maintain the conifer collection in the Botanical Gardens at Kew. More than one enterprise is flourishing on the demand for its services in cleaning London stone; and a monument to our three greatest poets has been removed because it was falling to pieces.

In preventive medicine, there is no single step that would eradicate more ill-health and inconvenience than would effective legislation against smoke. A London fog, carrying sulphur dioxide and carbon, tar and silica, in high concentration, can kill; fortunately we have not yet experienced those curious weather conditions that caused the Meuse Valley fog in 1930, and the " smog " in the United States a year ago. But they might easily happen here. Meanwhile, the incidence of tuberculosis, lung cancer, and respiratory disorders of all sorts is considerably higher in our towns than in our countryside. " Is there under Heaven such *Coughing* and *Snuffing* to be heard, as in *London* Churches and Assemblies of People, where the Barking and the Spitting is uncessant and most importunate?"

Evelyn's proposed remedy was the removal of the big smoke-producers, the commercial undertakings of his day, several miles down the river. Now, we need not banish the chimneys, but only insist that they produce no harmful waste; there are efficient methods of fuel consumption, which could become obligatory. The domestic hearth is responsible for more of the contamination today, perhaps a third of the total: the cheery fire is the least effective way of burning coal. That something can be done is proved by Pittsburgh, which now enjoys twice as much sunlight as before its smoke-prevention campaign. Perhaps smoke control, like some of the industrial techniques which make it so urgent, will be yet another advance originating here, and developed across the Atlantic before returning home. If so, let us give it the welcome of a Prodigal Son.

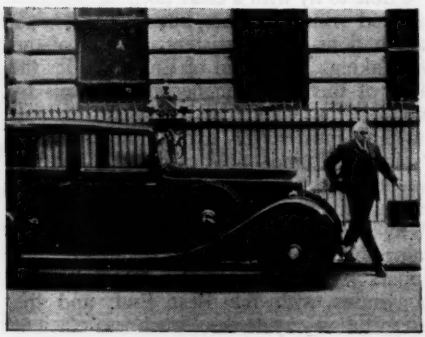
References :

" Fumifugium : or the Smoake of London Dissipated," Evelyn, 1661.

" Guilty Chimneys," The National Smoke Abatement Society, 1948.

FORTY YEARS ON

Dr. Samuel Gee greeted by his H.P.



Mr. Wilfrid Shaw

WHAT IS HOMOEPATHY?

by JOHN PATERSON, M.B., CH.B., D.P.H. (CAMB) F.F.HOM.
An Address to The Abernethian Society, June 16th, 1949.

IN an official bulletin issued from Buckingham Palace after the birth of Prince Charles, there appeared among the qualifications of the doctors in attendance, the letters "F.F.Hom." The public Press gave some prominence to the fact that these letters indicated that Sir John Weir was a Fellow of the Faculty of Homœopathy. To most peope lay and medical it was indeed news to learn that there was such a thing as a Faculty of Homœopathy and it gave Homœopathy a *respectability* because it was used in Royal Circles, and *acceptability* because these letters appeared among the degrees and qualifications of medical men of eminence.

The conclusion seemed to be that Homœopathy must have a place in General Medicine, but the question arose—what is this position? —in other words "What is Homœopathy?" —hence your request and my presence here today as a substitute speaker for Sir John Weir.

I need hardly remind you that the present Medical Curriculum is a very full one, but in so doing I wish to congratulate your Society for asking for information on a subject outside the ordinary course in Medicine.

What is Homœopathy? To begin with I would ask you to consider the literal interpretation of the word itself. It is derived from the Greek word "HOMOIOS" meaning "similar"—not to be confused with "HOMOS" which means "the same"—and "PATHOS" meaning "Disease."

We therefore start with two headings (1) *Homœo*—which is concerned with drugs, and (2) *pathy* which has reference to disease.

As students of Medicine, you will say that you are already studying Materia Medica, and Pathology but fail to understand where Homœopathy comes into this. I hope to show you that Homœopathy is based upon an *extension* of the knowledge you are now acquiring in this school of Medicine.

At this point I would like to say that we—the Members of the Faculty of Homœopathy —recognise all the methods of diagnosis and all the laboratory tests with which you are acquainted; also that we accept and are prepared to use any of the drugs in the British Pharmacopœia and the Codex, even to the Sulpha drugs and Penicillin.

The diploma of the Faculty is available only to registered medical practitioners—after the completion of a course in "orthodox" or as we prefer to say "ordinary" Medicine. Candidates must satisfy examiners in a written paper and clinical work on subjects pertaining to Homœopathy. Membership entitles the holder to the letters M.F.Hom.; while F.F.Hom. (Fellowship) represents a higher standard of examination.

What is the source of this *extended* knowledge in Medicine? In answer I must say something about the work of Samuel Hahnemann, the founder of Homœopathy. Hahnemann studied medicine in the year 1775 at the University of Leipzig, then considered to be the centre of intellectual activity in the whole of Europe, and later he was appointed to the hospital at Vienna, the finest hospital on the Continent at that time. It should be noted then, that he was a fully trained doctor, but not only was he qualified as a physician, he was also a fully qualified chemist and distinguished as a linguist. He was held in high esteem by his colleagues of that period.

What was it that led him to his founding of Homœopathy with its extended knowledge of drugs and disease? It was while he was translating a book of Cullen's on Materia Medica—and incidentally Cullen is said by Guthrie in his recently published "History of Medicine," to be the Founder of the West of Scotland School of Medicine; whether there is any connection between this fact and the number of Homœopathic Doctors who hold their medical degrees from Glasgow University, I do not presume to know—but Hahnemann was interested in the article on Cinchona and found himself questioning Cullen's explanation of its action. He therefore started experimenting on himself by taking 4 drachms of the extract twice daily, and was astonished to find that he developed symptoms similar to ague or malaria.

When he stopped taking the Cinchona the symptoms disappeared; when he repeated the doses, they returned. The therapeutic action of Cinchona in Malaria was well known, and

it was while he was contemplating these observations that he had occasion to see a similar sort of effect with the drug Belladonna. He was attending a household where there was Scarlet Fever; and only one member of the family escaped, and the only reason Hahnemann could put this down to was that this person had been taking a mixture of Cascara in which there was Tincture of Belladonna. Was this a new law of therapeutics? That was the question in Hahnemann's mind as he set out to make a study of drugs, "*Drug Provings.*"

There is considerable discussion as to whether experiments on animals are of value or not, but as Homœopaths we are *not* concerned with this controversy. What we do declare is the fact that experiments on human beings are of prime value in the subsequent treatment of human beings.

In our "drug provings" we take a number of selected and volunteer students or physicians, who are free from apparent disease, and give them doses of a drug; each volunteer keeps a daily record of his feelings and sensations or of any symptoms which develop. This record is compared with that of other volunteers who are (unknown to themselves) taking placebo—they are the "controls."

If you carry out these experiments, you will find, as Hahnemann found, that the action of any drug can be classified under two headings.

Symptoms may be graded from (1) *Functional* to (2) *Pathological.*

Functional: The first sign of *dis*-ease may be disordered function or sensation—something which is experienced by the patient and expressed in his own language.

Pathological: As a later sign of action of a drug, definite pathological symptoms may develop and be diagnosed by the physician.

You are familiar with the pathological, but are you aware of the functional symptoms of your drugs?

I would like to illustrate this point by making a comparison between a Materia Medica of your school of medicine and a Materia Medica of the homœopathic school.

You are probably familiar with *Materia Medica* (Dilling) which is now in its 18th edition (January, 1948)—a text-book used by the student of Medicine.

Homœo-therapeutics (Neatby & Stonham —1931) is a text-book used by the student of homœopathy and I suggest that we take the drug sulphur and make comparison from these two text-books.

Dilling: There you will find 12 lines of print to describe the action of sulphur. The main reference is to its laxative action.

Neatby & Stonham: These authors quote the 12 lines as found in Dilling, but thereafter they require 24 pages of type to describe the therapeutic action of sulphur, and they finish with a summary giving 26 leading symptoms of the action of this drug. If you study this list you will note that the symptoms can be graded from the functional or disturbances of normal sensations to crude pathological; from the burning sensations of any or all parts of the body, sinking sensation and feeling of hunger at 11 a.m.; disturbed function, the laxative effect of sulphur which drives the patient out of bed in the morning or as soon as he rises, to evacuate the bowel, and so on to the definite pathological action of itching skin eruption, boils, congestion of liver and jaundice. You do not find these functional symptoms in your Dilling's Materia Medica.

Take another group of similar drugs, Belladonna, Stramonium, and Hyoscyamus, which are botanically related and described as "peripheral parasympathetic depressants." They are each capable of producing delirium.

Could you, in a case of poisoning, from your knowledge of your Materia Medica, determine which of these three drugs was causing the delirium?

"*Drug Pictures*" by Dr. Margaret Tyler points out that in Belladonna and Stramonium, the face is flushed, while with Hyoscyamus, it is pale. How, then, can one distinguish between Belladonna and Stramonium? By the effect of light; patients suffering from Belladonna are susceptible to bright light, while those under the effect of Stramonium cannot bear the dark.

That is an example of the "finer symptoms" of drug action being of clinical value. It also illustrates the point I am trying to make, that the homœopathic materia medica offers the student an extension of the action of drugs to that found in the ordinary materia medica. The distinguishing feature of the homœopathic matera medica is that it accepts not only the pathological, but also the functional symptoms of drug action. The materia medica of the ordinary school is built up mainly on pathology; upon the results of animal experimentation and pathological evidence; or upon the results of

therapeutic action in disease of the human when pathological symptoms are present. There is no reference to any action upon the healthy human.

If you wish, then, to study Homœopathy you require to *extend* your knowledge of the action of drugs and there are volumes of experimental evidence on the provings of many remedies available.

A study of these volumes on Materia Medica would answer the question which is often put "What has Homœpathy done to advance Medicine?"

Now I would pass to consideration of my second heading—"*Pathos*"—the study of disease, and again I suggest that, as in drug proving, you can extend your knowledge of disease by clinical observations, and you will find that it is possible to grade symptoms into Functional and Pathological. Again, I offer you an example and will take an acute disease—*Acute Lobar Pneumonia.* We, of the homœopathic school accept every means of diagnosis, clinical and laboratory, but we go one step further. We wish to know the "higher grade symptoms" of the disease in the individual. "Well, you may say, "but are not all cases of acute lobar pneumonia the same? Can you, by clinical observation, distinguish different types of pneumonia?" The answer is, "*We can.*" In what ways do pneumonias differ? Here are some of the points which would assist.

Rate of onset: the condition may come on very suddenly or develop after a period with prodromal symptoms.

Facies: Face may be pale or flushed, with expression of fear or of complete resignation.

Temperament: Patient may be restless or prefer to lie absolutely still; he may be irritable or calm; have a sense of heat or cold.

Fever: Temperature chart is characteristic with its variations in the time of maximum rise in the 24 hours.

Thirst: Desire for cold drinks during fever is to be expected, but you will find patients with "fever, with absence of thirst."

These variations must be taken as symptoms of the patient's disease and the question is, "Can you distinguish types of pneumonia from these symptoms?" To the ordinary physician, even if he observes these symptoms, they mean nothing relative to his treatment of the case.

To the homœopathic physician they mean everything for it is on the totality of the symptoms that he bases his diagnosis and treatment.

Here are six examples of pneumonia types, in three stages of the disease: onset, well established and nearing the crisis.

Onset

(1) SUDDEN ONSET, immediate rise of temperature, patient feels ill, and shows this by a marked expression of fear and restlessness. If he attempts to sit up he turns pale, feels faint and may collapse.

(2) GRADUAL ONSET after an indefinite prodromal illness, which now develops typical pneumonic symptoms. Patient's face looks suffused, he is delirious, does not make any attempt to move in bed, but makes a curious "chewing the cud" movement with his lower jaw all the time; he desires large drinks of cold water at frequent intervals.

Pneumonia, well established

(3) With florid anxious facies, flapping of the alae nasi, which is not synchronous with respiration; temperature shows a daily maximum rise between 4 and 8 p.m.; nurse or attendant reports that patient actively resents all attention; cross and irritable.

(4) With hectic malar flush; anxious, expression of fear, which is very marked if patient is left alone for even a few seconds. Patient *demands close attention* at his bedside all the time. He is thirsty for cold drinks, which are vomited as soon as taken.

Pneumonia, nearing the crisis

(5) Prostration and evidence of an approaching crisis; obvious fear of death, but despite this he is *censorious* and *hyper particular* about the arrangement of the bedclothes; will call attention if the nurse's cap is not on straight; will refuse to drink from a cup which has any defect or spot of dirt. The temperature chart will show that his maximum rise was about 1 a.m.

(6) Prostration, patient in extremis, pale pinched face, with high fever *but absence of thirst.* Further, he cannot tolerate milk and if this is given it will be vomited immediately. There you have six types of pneumonia, each with its own group of symptoms, and to the Homœopathic physician, the diagnosis would be as follows:—

No. 1 Aconite; No. 2 Bryonia; No. 3 Lycopodium; No. 4 Phosphorus; No. 5 Arsenic; No. 6 Antimony Tart. (pneumonia) —the similar drug being used to describe the type.

What conclusion can one draw from these clinical observations? It is that the *same pathological state* in different individuals presents a series of *different clinical pictures* of the disease called "Pneumonia."

In a small booklet "*Pneumonia,*" published by Borland of the London Homœopathic Hospital you will find 22 clinical pictures of pneumonia types with 22 indicated homœopathic remedies.

Is there anything equivalent to this in ordinary medicine? Lederle Laboratories (New York) state "that the greatest advance in present-day knowledge of pneumonia is the understanding of the bacteriology of the disease. Pneumococci are responsible for 95 per cent. of the cases; *pneumococci have been classified into* 32 *serological types;* there must therefore be 32 etiological forms of pneumonia."

The clinical observations of the homœopathically trained physician and the bacteriological evidence of the laboratory seem to agree that there are different types of Pneumonia.

It is thus possible for the graduate from the ordinary school of medicine to extend and advance his clinical knowledge of disease.

I have now dealt with two headings (1) Drugs and (2) Disease and indicated the possibilities of extending your knowledge.

The facilities for clinical study are within your reach and you can verify the clinical pictures of pneumonia I have given you in your clinical work in the wards of this, St. Bartholomew's Hospital, and whether you eventually wish to apply the homœopathic principles in treatment or not, you will be the better physicians for having observed the finer symptoms of disease, according to the method of the homœopath.

There is a growing tendency today—and I say this as a research and laboratory worker—to trust too much to the laboratory and too little to the clinical acuity of the physician.

If you wish to study "drug provings" I have already named useful text-books for this purpose, but if anyone desires fuller information I would refer him to the Librarian of the Faculty of Homœopathy at the Royal London Homœopathic Hospital, who would be glad to assist any enquiries in the choice of books.

Now comes the rub—if you have acquainted yourself with the advanced knowledge of drugs and disease—and *not till then*—you are qualified to try out the principles of homœopathic therapeutics. The homœopathic practitioner applies his knowledge according to a definite therapeutic law—the law of similars. He gives the drug which, when given to a healthy individual, produces symptoms *similar* to (not exactly the same as) those shown by the sick patient.

He takes into consideration the "totality of the symptoms," functional and pathological, and having got this picture, he applies the appropriate remedy from his knowledge of the Materia Medica.

THAT, AND NOTHING ELSE IS HOMŒOPATHY.

Now I have answered your question, "What is Homœopathy," I should conclude this address, but I know that before I am seated, someone will immediately get up and say, "But, I thought Homœopathy was the doctrine of the infinitesimal dose?" My answer is, "*It is not.*" The size or method of preparation of the dose does not govern the law of similars, but if you are prepared to accept this as a therapeutic principle it is logical to give consideration to the dose. If a drug in large or repeated dose is capable of ultimate pathological action, it would be wiser to give a smaller dose to act on the functional or physiological level when given as a therapeutic agent in disease.

In Allergy the same principle applies in treatment, to give the smallest dose which would fall short of causing an aggravation of the symptoms—the *optimum* dose. The method of preparation and the size of the dose is a matter of much discussion even in homœopathic circles but it is never disputed that the LAW OF SIMILARS is a therapeutic law.

It is possible for the physician of the ordinary school of medicine to apply the law of similars with his ordinary drugs and doses. Every time a dose of Quinine is given to a case of Malaria, the law of similars is being applied, probably unawares to the physician.

Summary and Conclusion

To understand Homœopathy, one must go back to the literal interpretation of the word; HOMOIOS, meaning SIMILAR, which is applicable to the DRUG, and PATHOS to the DISEASE. It is the doctrine of the similar drug for the similar disease, and requires the student already qualified in the ordinary medical school to extend and advance his knowledge of drugs and disease.

It is only after he has acquired this knowledge that he is in a position to apply a specialised form of Homœo-therapeutics.

The Faculty of Homœopathy was established to maintain a standard of *post-graduate* education in Homœopathy, and its diplomas of Membership (M.F.Hom.) and Fellowship (F.F.Hom.) are available only to qualified medical graduates, registered by the General Medical Council of this country.

Its object is, not to replace, but to advance the standard medical curriculum. Homœopathy has a place in the Art and Science of General Medicine.

On behalf of the Faculty, I invite any final year students or graduates in Medicine, who are interested, to attend the scientific sessions which are held on the first Thursday, at 5 p.m., of each month from October to June, at the Royal London Homœopathic Hospital, Great Ormond Street, London, W.C.1.

THE DUTY CLERK

"A summer's day will seem an hour but short,
Being wasted in such time-beguiling sport."
(*Venus and Adonis*)

THE LIFE AND WORKS OF SIR ARCHIBALD GARROD

Part II

By C. J. R. HART

WAR AND POST-WAR

War found him with an established reputation and a grown-up family. He was gazetted to the 1st London General Hospital (T.F.) at Camberwell, and so spent the first part of the conflict in England. Of his three sons, the eldest, Alfred Noël, had just qualified at Bart.'s and became a houseman there. Basil, the youngest, entered Sandhurst on leaving Marlborough. The second son, Thomas, was commissioned in the 6th Batt. London Regt. Dr. Garrod's daughter was then still at school. So for the time being, all but one were safe.

They were not granted many months immunity. The first blow fell on May 10th, 1915, when 2/Lieut. T. A. Garrod was killed in action in France. To the family's deep bereavement was added anxiety for the remaining members. Dr. Alfred Garrod was commissioned in the R.A.M.C. that July. He went to France later in the year, just before his brother passed out at Sandhurst.

Meanwhile, Dr. Archibald Garrod began to concern himself with cases of typhoid and paratyphoid, then rampant in the East among uninoculated troops, some of whom were brought back to England for treatment. Osler comes into the picture once again, for he arranged an important series of meetings at the Royal Society of Medicine to discuss all aspects of 'P.U.O."—pyrexia of unknown origin, then so readily diagnosed to cover such diseases as trench fever, infective hepatitis, and paratyphoid fever. He notes: "21st Oct. I saw Garrod today. Failing Dawson I will open but D. is the man and he should be asked. It is a most urgent problem. I will ask tomorrow at the Army Med. College for any man who knows Para-Typ."

Garrod's activity in this field resulted in his promotion to Acting Colonel, A.M.S., and appointment as a consulting physician to the Mediterranean Forces. He was based on Malta, where he saw patients evacuated from Gallipoli and later from Salonika. "This," said Dr. Graham, "called forth all his great powers, for he had to treat patients suffering from tropical diseases which he had never seen previously, but his powers of observation and research enabled him to cope successfully with these problems, and to give valuable service."

He formed a close friendship with the archaeologist Professor Zammit, who was then curator of the Valetta Museum, and who was excavating the Neolithic temples of the island. Whenever he could spare the time he accompanied Zammit on these expeditions, and became very knowledgeable on Maltese pre-history.

Some such occupation was very necessary for him, to take his mind off the tragedy which war had brought to his family. In January, 1916, his eldest son, the only one to follow his father into the profession, was killed in action at Givenchy, near Bethune, when a shell exploded while he was working with an ambulance. He had been in France only two months.

At this period of adversity Garrod concentrated on his clinical work as never before. His object was not to seek recognition—rather the reverse; nevertheless official notice was taken of his efforts. In 1916 he was mentioned in despatches and created C.M.G. Two years later he was appointed a Knight Commander of this Order, for his devoted service.

He was made an hon. M.D. of Malta University in 1916, and during his stay on the island he was closely associated with the staff there. His researches with Zammit, together with his unusual knowledge of history and geography, were drawn upon in a charming lecture on *Islands* delivered at the University in January, 1919, and afterwards published. In the fine peroration he prophesied the destiny of Malta with remarkable insight:—

"The agency which promises to be most destructive to insular seclusion is only emerging from its infancy. Malta has been a halting-place for flocks of migrant birds, northward and southward bound; so we may expect that in the future it will become a place of call for squadrons of aircraft making the same traverse. But even when the sea-girt fortress shall no longer afford protection, nor insular retreat seclusion, there will remain the fascination of the far-spread sea, the island's beauty and the island's charm."

A month afterwards, fate dealt its final blow. His last remaining son, who had survived three years of war, was carried off in the great influenza pandemic which scoured

Europe in its first few months of peace. Garrod was heartbroken. His daughter travelled out from England to be with him, but the shock left permanent effects. All who knew him, speak of the way in which the rest of his life was overshadowed by his triple bereavement.

Later that year, Sir Archibald arrived back at Bart.'s to resume his duties as physician. He was a very different man from five years previously; even more reticent, and very aged—not so much by time, as by events. A fellow-physician called him "the shadow of his former self."

Nevertheless his concern for medical science remained, and he sought to use his increasing influence in fresh fields of endeavour. An important reconstruction committee was sitting at the time, which was drawing up the post-war plan for the hospital and the medical school. They had before them the recommendations made by Garrod and his colleagues to the Haldane Commission. Sir Archibald pressed strongly for the formation of self-contained Professorial Units, with bedside teaching in the British tradition, but having also their own laboratories attached, on the pre-war German model. There were certain research problems, he maintained, which only the clinician could appreciate to the full, and he should have all the necessary facilities for working out his own ideas in his own way. Sir Archibald's views were summarised in a chapter entitled "The Laboratory and the Ward," which he wrote for the two-volume symposium produced that year in honour of Osler's 70th birthday.

When the committee decided that October to go ahead with the scheme, Sir Archibald was the obvious choice for the whole-time Director of the Medical Unit, and so became the first Professor of Medicine at St. Bartholomew's. Although he did not enjoy present-day facilities—the wards built by Gibb in the 1750s were then little changed—nevertheless he was given a free hand to incorporate many of his ideas into the organisation of the unit. The concept of a special set of laboratories proved so successful in practice, that when the units were freshly housed in 1935, the Dunn laboratories were made an integral part of their design.

Meanwhile the end of the decade at Oxford had brought with it the death of Osler. A man of great learning, a unique capacity for work and a most generous and affectionate nature, he had long held an undoubted position as leader of medical thought on both sides of the Atlantic. The problem of finding a successor to the Regius Chair of Medicine at Oxford was of unusual difficulty. Whoever was chosen would have an unenviable task in following so remarkable a man. In London, the Oxford graduates pressed for Sir Wilmot Heringham, but their solicitations were of no avail. The appointment was in the hands of the Prime Minister, and Mr. Lloyd George chose Sir Archibald Garrod.

So great an honour was not to be refused. In his brief year as Professor at Bart.'s, Sir Archibald had laid excellent foundations, and he was content to leave to younger men the task of building up the new tradition. Bart.'s will not forget his work; a ward on the unit bears his name.

OXFORD AND CAMBRIDGE

Sir Archibald and Lady Garrod moved accordingly to Oxford. where he was elected to a senior studentship at his old college, Christ Church. In his obituary on Osler, Sir Archibald described some of the responsibilities of his new office, of which he was the 22nd holder: "... a Chair dating from the reign of Henry VIII . . . a position of high prestige, which has been enhanced by the tenure of Acland and Saunderson, with great opportunities of influence but little clinical teaching. The duties of the Regius Professor are varied, and others are added to them.'

Some of these duties may be detailed. He was *ex officio* a Curator of the Bodleian, and Master of the Almshouses at Ewelme. This latter dignity had been bestowed upon the Chair by James I in 1617, to augment its income. Ewelme is a beautiful little village on the foot of the Chilterns, fourteen miles out from Oxford. The almshouses, which have their own church, are five centuries old, and house thirteen aged pensioners. There are rooms for the Master, which Sir Archibald was fond of occupying for short visits, being as one would expect most interested in his duties in this connection.

He had also his own stall in the Cathedral, with the privilege of reading the lessons, if he so desired. His predecessor had treated this concession very lightly—"These old fools have put me in a surplice and I had to go to chapel, but I wished I had been in the pulpit instead of the Regius Prof. of Divinity—who is a dry old stick"—but Sir Archibald had a very different approach. "He was," says

Dr. Heaton, who knew him there, "always kindly, courteous and gentle, a regular attender at morning service at the Cathedral on Sunday mornings, where he was very fond of reading the Lessons (quite inaudibly), and very proud of his membership of Christ Church."

As Regius Professor he was responsible for the examinations for medical degrees of the University. Another of his appointments was that of Consulting Physician at the Radcliffe Infirmary, where he was allowed five teaching beds. He was also elected a delegate to the Clarendon Press, but probably his most important office was his membership of the Hebdomadal Council, the 21 members of which formed the governing body of the University and met to pursue their deliberations every Monday afternoon.

He found that the administration of the medical faculty gave him opportunities for advancing his plans for "better medicine," in which the scientific approach could be encouraged. The best exposition of his views is contained in the Linacre Lecture which he gave at St. John's, Cambridge, in 1923, entitled "Glimpses of the Higher Medicine."

His interest in metabolic errors was stimulated once more by a case discovered by Dr. Mackey, in which the very first urine passed by a child was red in colour, suggesting that his porphyrinuria, detected on analysis, was congenital in origin. The disease of Hæmatoporphyra Congenita, in which the clinical picture is the remarkable one of skin eruptions, red urine and pink milk teeth, was added therefore to the list of hereditary anomalies, and included in the 2nd Edition of his *Inborn Errors of Metabolism* which appeared the following year in 1923.

Various other tasks devolved upon Sir Archibald as the years went by. He was made a member of the Statutory Commission set up for the University, where the task of representing the claims of the Science Faculties was one which called for much patient investigation and tact. Two years later he found himself on the Advisory Commission formed by the Home Secretary to report upon the Administration of the Cruelty to Animals Act.

In this year, 1934, he was invited to deliver the Harveian Oration before the Royal College of Physicians. He chose for his subject "The Debt of Science to Medicine." A year later he became the first recipient of the Osler Bronze Medal, given quinquennially to "the Oxford medical graduate who shall have made the most valuable contribution in the science, art or literature of medicine."

That year he wrote a biography of Alexander Gaspard Marchet for the Guy's Hospital Journal. Marchet was a French emigré who became a physician at Guy's, and in 1822 published *An Account of a Singular Variety of Urine, which turns Black soon after being Discharged*. Until this biography was written, Bœdeker had been credited with the discovery of Alkaptonuria, in 1858. Thus did a member of one great hospital remind another of its forgotten achievements.

In 1927, upon reaching the age of 70, Sir Archibald retired from the Chair at Oxford. He had been very happy there, and was loth to give up his appointment. In the first years of his retirement he lived with his wife at Wilford Lodge, Melton, in Suffolk, a house which they had long possessed, inherited from his Ipswich ancestors. They found, however, that the isolation from his friends and many of his interests was not very satisfactory. At Cambridge their daughter, whose interest in archaeology had first been stimulated by her father during her visit to Malta, now held a Research Fellowship in the subject, and invited them to stay with her.

When they moved there in 1929 they were received with open arms by many friends, and through the good offices of Sir Gowland Hopkins, who held the Chair of Biochemistry, Sir Archibald was elected to dining rights at Trinity College.

"Soon after his move," relates his daughter, "his eyesight began to fail, a deprivation which he felt very keenly, but which was lightened by his wife's devotion. He had always been fond of travel, and during these years went with his wife and daughter on several cruises, a very easy form of travel which he enjoyed very much as he grew older.

"He was always interested in puzzles, such as acrostics, and was therefore predestined to be a solver of cross-words. In his last years the solution of the 'Times' cross-word was a daily family event, and Sir Archibald, who could no longer read, became extremely skilful at solving anagrams in his head."

But Sir Archibald's period of usefulness had not yet come to an end. In 1928 he delivered an Oration to the Royal Society of Medicine, on "The Lessons of the Rare Maladies." In 1930 he published his last

book, *The Inborn Factors in Disease*, based on the Huxley lecture on "Diathesis" which he had given three years previously. In this small volume he made his final *tour de force*, summarising the memories of a lifetime of observation. A convincing exponent of Mendelism since his Great Ormond Street days, he developed to near-perfection his theories on constitutional predisposition to disease.

Honours showered upon him. In 1931 he was elected an hon. F.R.C.P.E.. He was already a Fellow of the Royal Faculty at Glasgow, and hon. L.L.D. of Glasgow University, and an hon. M.D. of Dublin and Padua. Abroad he was made an honorary member of the American Association of Physicians, and of the Artzlicher Verein, München. Finally in 1935, at the age of 78, he was awarded the Gold Medal of the Royal Society of Medicine.

He was then considerably invalided with cardiac asthma, but his mind was as alert as ever. In November, 1935, he submitted a postscript to the Quarterly Journal of Medicine, on the subject of Congenital Porphyrinuria. He asked for the paper back for revision, and he was engaged on this task when on March 28th, 1936, he died, very suddenly, of coronary thrombosis, without acute illness. His last paper was published posthumously.

EPILOGUE

When Abernethy pleaded before the Governors of this Hospital for more provisions for the students, he mentioned that their attendance formed "a strong incentive to the medical officers to perform their duties diligently and with skill and conscience, since their conduct is open to the public expression of praise and censure by these vigilant observers." The praise and the censure is still expressed, but it is doubtful if the medical and surgical staff remain as dependent for their practice upon the good offices of their students, as they have been in the past.

There is, however, another tradition arising by which the students are able to give voice effectively to their opinions of their masters. In 1842 the Reverend Samuel Wix gave £200 to found an annual prize for a composition on "the connection between physical science and revealed religion, or on the connection between the studies of ancient and modern literature, and the studies of medical science." Such a subject was capable of wide interpretation, and generations of students have laboured upon abstruse and learned discourses on various aspects of this theme.

In recent years the founder's wishes have been construed to fit the need for short biographies of the more illustrious alumni of St. Bartholomew's, many of whom would have remained otherwise unhonoured and unsung. So it has come about that the last word upon many of the staff has rested with the students, who "draw their frailties from their dread abode."

Upon Sir Archibald's death, the usual obituaries appeared in the usual journals, and they were followed by a period of silence which might have lasted much longer, had this new tradition not arisen. He might well have become one of that great majority of whom Sir Thomas Browne wrote the immortal epitaph: "But the iniquity of oblivion blindly scattereth her poppy, and deals with the memory of men without distinction to merit of perpetuity... Who knows whether the best of men be known, or whether there be not more remarkable persons forgot than any that stand remembered in the known account of time?"

He was born in the year of the Indian Mutiny and the visit to England of Napoleon III; the year of his demise witnessed the beginning of the Civil War in Spain and Hitler's remilitarisation of the Rhineland. In 1857 many still believed in the spontaneous generation of germs, and antiseptic surgery was unheard of. In 1936 the suphonamides were well established, and penicillin was on the way. He saw the first cars, the first aeroplanes, and the First World War. In spite of his scientific background, like many of his generation he found it hard to adapt himself to this bewildering world of change.

Viewed from the present day, his lifetime spanned that twilight period for which neither historical record nor personal reminiscence can yet afford an objective description. It has not been easy to reconstruct his life and works year by year, nor has it proved possible to enliven the narrative with those more intimate accounts of thought and environment which the biographical essay demands. He is an extraordinary example of an era in which family life formed that sacred and almost secret existence which was the affair of the family and nobody else.

No truly contemporary description of the man, not a diary, not a single letter even, has been found. One is thrown back upon the obituaries, the printed works, and such odd and obscure relics of his existence as have by chance survived.

He came from a most distinguished line, whose diversity of talent cannot be better demonstrated than by listing the peculiar collection of Garrodia which reposes in the British Museum. Excluding the works of Keene, Townshend and other collaterals, one finds there: a catalogue of an estate sale by his grandfather, his father's medical text-books, literary essays by one brother and the scientific papers of the other, works on astronomy, geography, history and chemistry by Sir Archibald himself, and accounts of the archæological discoveries of his daughter.

He was born to a tradition of success early in life, and his own delay in mounting the ladder nearly resulted in drastic action by his father, which would have wrecked his whole career. When eventually he did start climbing, his father's guiding hand was well in evidence.

But it was upon his own abilities that Sir Archibald depended as he built up his contribution to human knowledge. Although the inborn metabolic errors are rare, and practical applications of their knowledge restricted, nevertheless Garrod's researches were on fundamental problems, and did much to point the way to modern concepts of body chemistry. The scholarly little books in which he summarised his discoveries are the best possible demonstration of his modesty and restraint. Many elaborate and expensive monographs since published contain work of lesser quality.

He felt the waiting period for his appointment to the staff at Bart.'s most keenly, and it is recorded that during a visit to the great Virchow, he gave utterance to the complaint that "opportunities are not what they were in the good old days, when nuggets lay thick on the surface for anyone who kept his eyes open to pick them up, whereas now the gold is only to be reached by skilful mining."

His public and professional life was blameless, to such an extent that one feels that a few of the human frailties would not have come amiss. Though always kind and thoughtful for others, he was not over-popular with the students, and the reason is not far to seek: he had no sense of humour. At Oxford his work for the improvement of medical teaching was as valuable as it was unspectacular. At Bart.'s he will always be remembered with pride as the first Professor of Medicine. Sir Francis Fraser, his successor to this office, has written:—

"He was a scholar in all he said and gentle in all he did, and those who had the privilege of knowing him lived better and worked better because of him."

Who could desire a finer epitaph?

ACKNOWLEDGMENTS

I wish to thank Professor Dorothy Garrod for her kindness in providing many details of her father's life not to be found elsewhere. Mr. John Thornton, A.L.A., has given valuable advice on sources, and Mr. J. G. O'Leary, F.L.A., has also offered many valuable suggestions. In addition, the librarians of the following institutions have all gone to great pains to provide what information they could:—The Bodleian Library, The Royal Geographical Society, Marlborough College, The Royal Society of Medicine, the Royal College of Physicians and the Wellcome Library and Museum. The following friends and colleagues of Sir Archibald have helped with details of their recollections:—Professor K. J. Franklin, Sir Francis Fraser, Dr. Robert Frew, Dr. George Graham, Dr. T. B. Heaton, Sir Robert Hutchison and R. H. Rutherford, Esq.

BIBLIOGRAPHY AND WORKS

A detailed list of the works of Sir Archibald Garrod, including ten books and over one hundred papers, is appended to his obituary in the St. Bart.'s Hospital Reports, written by Dr. George Graham. A few additional papers are listed in the Wix Essay, which has been deposited in the College Library, and readers are referred to this for a bibliography.

ABERNETHIAN SOCIETY

The Annual General Meeting of the 1948-49 session was held on June 15th, when officers were elected for 1949-50. The committee elected was:

Presidents: N. A. Green, S. F. Hazelton.
Vice-Presidents: Miss J. Wheelwright, G. Davies.
Secretaries: K. E. J. Bowers, J. P. Waterhouse.
Pre-Clinical Representatives: Miss R. Hurst, J. Batterham.

The first two meetings of the 1949-50 session have been arranged:—

October 20th Professor Sir James Paterson Ross on "Your Patient and You."
October 27th—Dr. Charles Hill on "Current Events."

OBITUARY

MR. BRIAN RAIT-SMITH

THE death of Mr. Rait-Smith at Hill End on July 14th, at the early age of 45 was a great shock to his many friends, and a shattering blow to the Department of Anæsthesia.

He qualified at Bart.'s in 1929, and after holding the posts of junior and senior resident anæsthetist he was elected to the senior staff in 1937, having taken his D.A. two years earlier. He also became Anæsthetist to the Brompton Chest Hospital, Papworth Settlement, and the British Post-graduate Medical School, while the L.C.C. retained his services as consulting anæsthetist.

At the outbreak of war, Rait-Smith was transferred to Hill End Hospital, St. Albans, where he worked in a full-time capacity until his death. Here ample scope was given to his activities, as the hospital was unique in housing under one roof Orthopædic, Thoracic, Neurosurgical and Plastic Units, at the same time dealing with E.N.T. and general surgery.

As regards professional ability, those who are in a position to judge placed him in the very front rank of British anæsthetists, and the surgeons will readily agree that very many difficult and tedious cranial and thoracic operations were successfully completed only through the most brilliant piloting at the top end of the table. Owing to his modesty and detestation of self-advertisement, Rait-Smith did not write much in the literature, but he was prevailed upon to publish some original work on the problems presented by cardio-vascular surgery, and has contributed to a recent text-book on Anæsthesia. He also took his share in the various papers emanating from the Department of Anæsthesia during the war, notably those on the properties of trichlorethylene (worked out at Hill End) and of curare. Public recognition of his eminence in the specialty was afforded by his election in 1949 to the Fellowship of the Faculty of Anæsthetists, the highest academic distinction in this country.

Rait-Smith could not bear bombast or humbug, as students showing these characteristics found to their cost. On the other hand, he would take any amount of trouble in teaching those who really wished to learn, and he was always helping the residents with unobtrusive advice. It is quite typical of the man that the only photograph of him that could be discovered was a small passport one taken eleven years ago.

Since 1942, ill-health was Rait-Smith's constant companion. While he lived at Hill End, he had three serious illnesses involving two major operations, and even during intervals of comparative ease he suffered from trigeminal neuralgia and continual headaches. He never let his disabilities interfere with his work or his mental outlook, but continued as a hard worker and a gay companion. This was the more remarkable as he knew that a second subarachnoid hæmorrhage was practically certain. Here was courage of a rare order. The end was mercifully sudden, as he was working in the theatre on the morning of his death.

The esteem and affection in which Rait-Smith was held were shown at the funeral service held at Hill End Hospital Chapel. Every member of the Staff who could possibly get there was present, and the piles of beautiful floral tributes were most impressive. At the Memorial Service held a week later at St. Bartholomew-the-Less, Dr. Spence gave an excellent address epitomizing the life and character of "Rait." His memory should be a source of pride to Bart.'s.

C. L. H.

THE sudden death of Brian Rait-Smith on the evening of July 14th brought sorrow to many, and especially to the wide circle of his friends at St. Bartholomew's—both in the City and at St. Albans. For in the twenty-five years since he came here from Jesus College, Cambridge, he had been constantly associated with the Hospital and in the minds of many he had become a part of the place. For them his memory will remain so and there will often recur a picture of his lean, tanned face, so quick to smile, his brisk walk, his slight figure immaculately dressed with a cornflower in his button-hole. His quiet voice, his humour and his laughter will be likewise remembered and missed in the years to come.

There could not be a better anæsthetist. His experience and conscientiousness brought him a high reputation at an early age and there soon developed an artistry in his work

that gave the impression that all he did was simplicity itself. During long difficult operations on sometimes extremely ill patients his character enabled him willingly to accept heavy responsibility and the surgeon knew immediately that an operation must be terminated if Rait-Smith said so. Except for such occasions his work was done so unobtrusively that it would pass unnoticed by many, which—since he hated showmanship—was what he desired. The kindliness which he possessed in such measure was given full scope in his work and his quiet reassurance and gentleness gave comfort to thousands of his patients. His residents became devoted to him, and he had a happy way of taking control of a case which was causing one of them anxiety without suggesting to anyone that he was more than an interested spectator. There must also be many house-surgeons and chief assistants who recall with gratitude words of encouragement from him which were of value in times of difficulty. In the period of almost ten years during which part of the Hospital has been situated at St. Albans, Rait-Smith's work was of outstanding value. He spent his days in the operating theatre; the majority of the patients he dealt with were the more difficult anæsthetic problems; he was always available to deal with emergencies or help his juniors; his advice was frequently of value to the Sisters in both wards and operating theatres; he gave the vast majority of the anæsthetics for the thoracic and neurological surgeons and his work was of inestimable value in the development of these new departments.

Of the many qualities which combined to produce Rait's charm of manner, outstanding was his unfailing courtesy. This was seen in all his contacts with medical colleagues and the nursing staff, as well as those with orderlies, porters and other members of the lay staff of the Hospital. It was based upon kindness, generosity and an understanding of human nature and these qualities coupled with his sense of humour go far to explain his popularity and the number of his friends. However, when it was necessary he could be an outspoken critic of meanness, hypocrisy or discourtesy and the reaction of others to his character was clearly indicated in the respect with which his opinion was received and his easy control of his colleagues during the years when he was the senior resident.

He loved life and was keenly interested in all forms of sport. At rugby football he had played regularly in the centre or at fly-half in a strong hospital fifteen and, a graceful batsman and fine field, he had been a member of one of the cup-winning hospital cricket elevens. He remained keenly interested in both games and was a frequent visitor at Twickenham. Indeed, he was a natural games player and during recent years at the first available moment each day he would turn to the sports page of the *Times*. Good food and wine, travel, and books he enjoyed. At one time no gathering of his contemporaries was complete without him, but of recent years he had lived quietly and it sometimes seemed that he would appear at some party for the pleasure of others rather than for personal enjoyment.

He will be remembered for his skill and charm, but courage was perhaps his outstanding characteristic. This was a quiet continuous courage over the years, during which he had a succession of serious and different illnesses each one of which might recur. There was never a word of complaint, never a suggestion of self-pity, never any diminution of his love of life. He continued to work without sparing himself. Many have been saddened and impoverished by his passing and will extend their sympathy to his wife at her loss so early in their married life. Rait-Smith loved Bart.'s and, though he has passed from us in the prime of life, it can be said that Bart's. had for him a deep affection which will secure his memory there for us in the years to come.

J.E.A.O'C.

D. C. MORGAN

THE news of David Morgan's death at the early age of 21, on Friday, July 22nd, after a short illness, came as a great shock to his many friends and colleagues.

"Dave" Morgan entered Bart's. in October, 1944, and after spending his preclinical days partly in Cambridge and partly in Charterhouse Square, commenced his clinical work in the Hospital in April, 1947.

He was an all-round athlete, and took a keen and active interest in many Hospital activities. His especial love was track athletics, and his death came at the time when he was approaching the zenith of a brilliant athletic career. He had recently

been elected Captain of the United Hospitals' Athletic Club, an honour richly deserved.

Always of a happy disposition, David Morgan will be grievously missed; and proof of his popularity was the large congregation present at the Memorial Service held in his honour, in the Church of St. Bartholomew-the-Less.

We, his friends, are deeply conscious of a sense of loss and sorrow, and extend our sincere sympathy to his relatives and his fiancée in their bereavement.

J. I. B.

David Morgan's spirit was that epitomised in the motto over the Medical School door: "Whatsoever thy hand findeth to do, do it with all thy might." His courage and tenacity on the athletic field were always admirable. In winning he was both gallant and modest, and in adversity he never gave up against opponents with more generous physical endowments than his own. It is this spirit which rises above everything else which makes a man, who, whether he wins or loses, we salute and remember as a sportsman.

We will also remember David Morgan for his ability to work hard at his profession, for his enthusiasm and interest, and above all we will miss him as a good friend whose loyalty, tolerance and good manners made him so acceptable to all of us who were privileged to know him.

It is tragic that he has left us when just in sight of qualification and on the threshold of his career as a doctor. His family and his fiancée have our sincerest sympathy in their great loss.

H. B .S.

CORRESPONDENCE

VIEW DAY

To the Editor,
St. Bartholomew's Hospital Journal.

Sir,

How very delightful it is to see that a valiant "member of the Bart.'s family" (to quote Mr. Ullmann's own words) is sitting up and taking such an interest in the affairs of this Hospital.

I am sure we are all most touched by his attention: some of us may even feel distressed over his misfortune at missing this year's View Day: not so myself.

If our patriotic friend would avail himself of a small booklet which was openly on sale in the library at Charterhouse Square, his knowledge may still further be increased. I refer to "A Short Story of St. Bartholomew's Hospital," the price of which is hardly exorbitant at one shilling.

He will find in this booklet a very concise account of View Day and he would do well to observe that this day has been a traditional occasion for, it is said, 600 years. He will also note that it always occurs on the second Wednesday in May. If he cares to check this information, I think he will find that this has been the case for the last 200 years.

If Mr. Ullmann takes any interest in football pools, it should not be too difficult to work out which day View Day was, or, for his future benefit, will be. Quite a straightforward permutation, you know.

I am still further distressed to hear that your unfortunate correspondent has discovered "the existence of a very deep gap between Charterhouse Square and the Hospital." "Nothing," he tells us, "is done in order to bridge this gap—on the contrary, its existence seems to be welcomed."

I suggest that the gentleman concerned could himself play a noble part in the closing of this self-discovered gap. I put it to him that if he would take some part in the organised games which this Hospital plays, he would meet very many clinical students: and if he likes a pint of beer after his games, he would meet many more.

Since he came to Bart.'s, has he played a single game of rugby or Association football, or of cricket? Did he, I wonder, attend Sports Day? It is only by taking part in functions such as I have mentioned and by taking an active interest in the Hospital itself that Mr. Ullmann and others like him can possibly hope to bridge this gap which he has found so insurmountable. Let him not think that clinical students, their professors and lecturers are going to lay down their tools, form up in a neat squad and double-march over to Charterhouse Square exclusively to discover the whereabouts of one Ullmann.

With regard to the non-advertisement of View Day, I think perhaps a small notice in the appropriate place would have been desirable for those few people who, like your correspondent, have been at Bart.'s a year or more and are only now developing a small interest in the Hospital's history and activities.

It seems peculiar that very many pre-clinical students (of whom I am one) do not appear to have noticed or complained of Mr. Ullmann's gap: further, that many of us knew the date of View Day, and quite a number attended that function. Many of us have a large number of "clinical" acquaintances.

However, I think it most chivalrous of your correspondent not to have ventured into the ladies' cloakroom to read the notice therein—a gesture which I am sure all the ladies much appreciated.

Yours faithfully,

BRIAN S. HICK.

Charterhouse Square,
*London, E.C.*1.
July 16th, 1949.

EPITHELIOMA OF THE ANGLE OF THE MOUTH

by A. J. WALKER, M.B., F.R.C.S.

Mr. A. D., aged 54, was well until December, 1948, when he noticed a lump at the right angle of the mouth. Treatment with penicillin tablets produced a sensitization rash; he was then referred to Dr. R. M. B. MacKenna. A past history of syphilis suggested that the tumour might be a gumma, but it continued to grow despite a two weeks course of iodides. A biopsy was therefore taken and showed the lesion to be a keratinizing epithelioma.

He was admitted to Percival Pott Ward on February 3rd, 1949. On examination, his dental hygiene was appalling, and he showed leucoplakia on the tongue and buccal surface of the cheek. The lesion had grown appreciably, and was an obvious malignant ulcer, 1¼ in. x 1 in. in size, with elevated edges and a dirty sloughing base, and was very tender. It had eroded the angle of the mouth and had extended on to the lower lip, which was oedematous, while inside the mouth the ulcer spread down to the alveolar sulcus. It had extended into the substance of the cheek and a hard purplish lump ¼ in. diameter was visible just below the angle of the mouth. The submandibular and upper deep cervical glands were enlarged and tender.

After total dental extraction and control of sepsis by procaine penicillin he was treated by Mr. I. G. Williams in the Sassoon Department. Unfortunately, relief of pain and growth regression were short lived. Dr. Aldren Turner attempted injection of the Gasserian ganglion to ease the pain but was unsuccessful. The patient was re-admitted under the care of the Surgical Professorial Unit and by this time the growth had extended to the mandible. Excision of the growth including part of the mandible offered the only hope of cure.

Operation. On May 19th, 1949, after preliminary transfusion and under a "penicillin umbrella," with nasal endotracheal anæsthesia, the external carotid artery was ligated just above the superior thyroid artery. The incision was continued forwards and up to divide the lower lip clear of the growth. A second incision encircling the growth and avoiding it by the same margin, ended on the upper lip. The skin flap in the neck was elevated and the suprahyoid structures dissected up off the mylohyoid and hyoglossus muscles until the mandible was reached. The bone was divided 1 in. to the right of the midline and through the ascending ramus. When the muscles had been cleared from the loosened segment, the undersurface of the buccal mucosa was exposed and divided close to the tongue. It was then possible to turn over the whole specimen, consisting of the growth, mandible and suprahyoid structures, so that the buccal aspect of the lesion was outwards. The cheek structures were then divided clear of the growth under vision and the whole mass removed.

It was only possible to close the buccal defect by suturing the epithelium of the side of the tongue to near the upper alveolar sulcus, though this seriously limited tongue movement. The angle of the lip was reconstructed by suturing the cut edges of the lip.

Fig. 1. Appearance of the lesion, January 4th, 1949.

Fig. 2. Appearance of the lesion, January 27th, 1949.

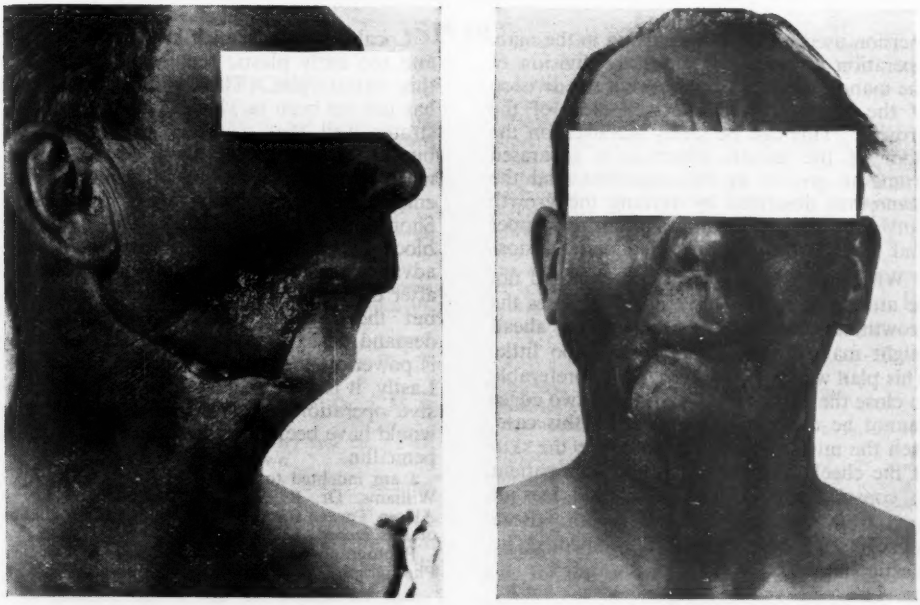


Fig. 3. Post-operative appearance, showing method of closure.

The gap in the cheek was closed by bringing up the skin flap from the neck, mobilised earlier in the operation. Skin closure was obtained except for one small area by bringing up another flap from lower in the neck (Fig. 3).

Discussion. This case demonstrated some points in diagnosis. When first seen (Fig. 1) the lesion was small. The edges were not raised and it was not typical of an epithelioma, while the syphilitic background raised the possibility of a gumma. Previous investigation by Dr. Aldren Turner had suggested asymptomatic neuro-syphilis, and it is well known that gummata and neuro-syphilis do not often co-exist. Nevertheless, a therapeutic test was instituted. This should never be pursued for longer than a month, and in this case the diagnosis was evident in only two weeks. The biopsy would have been more valuable if taken earlier. The rapid growth illustrated the well known greater malignancy of this site compared with other parts of the lip. It is of interest also that, except for not smoking a clay-pipe he demonstrated all the classic aetiological factors of intra-buccal cancer—dental sepsis, syphilis and leucoplakia. Syphilis is only important in so far as it often co-exists with leukoplakia, which need not be confined to the tongue. It is seen on the palate, or as in this case, on the cheek. Leukoplakia, wherever found, is always precancerous and demands urgent attention. The present-day treatment of intra-buccal cancer is primarily a radio-therapeutic problem. The recurrence rates are the same as with surgery, but there is less disfigurement after treatment. The objection to applying radium to this lesion was the nearness of the mandible and the risk of its necrosis, and, therefore, Mr. Williams preferred to use the 1,000 Kv. plant; but, as has been shown, this treatment was not successful. Radiotherapy in this case did help by reducing the activity of the tumour, as in preoperative radiotherapy elsewhere.

It is worth remembering the attempt made to relieve pain by injecting the Gasserian ganglion. The situation of the growth ruled out the usual anterior route, and the lateral route over the mandibular notch was chosen. This only effectively anæsthetises the mandibular nerve, and this would have sufficed, but the mouth could not be opened sufficiently. Surgery has so far proved successful. The only special points in the operation were the incorporation of the

incision used to ligate the carotid in the main operation incision and the early division of the mandible. It is essential that the division of the mucosa should be well clear of the growth. This can be safely achieved on the floor of the mouth where it is separated from the growth by the mandible, and the manœuvre described by turning the growth outwards allows the more important upper and inner parts to be resected under vision.

Whenever possible, the closure should not be attempted by the surgeon who excises the growth, as the thought of what lies ahead might make him tend to remove too little. This plan was adopted here. It is preferable to close the buccal mucosa. If the two edges cannot be united, as was done in this case, then the mucosa must be sutured to the skin of the cheek. The latter subjects the patient to constant drooling of saliva and loss of food from the hole into the mouth. Both sepuelæ ca n be subsequently remedied by plastic surgery.

Local recurrence must still be looked for, and too early plastic repair may precipitate this catastrophe. The lymphatic drainage has not yet been tackled. This case demonstrates well that glandular enlargement in buccal cancers is as likely to be inflammatory as neoplastic, the original glandular enlargement now having disappeared. Should the glands enlarge again, a difficult block dissection will be necessary. In less advanced cases, this is usually done routinely after the primary growth has been controlled, but the peculiar difficulties of this case demand an expectant policy. Radiotherapy is powerless to control lymphatic metastases. Lastly, it is well to remember that an extensive operation on the mouth of this order would have been far more hazardous without penicillin.

I am indebted to Mr. F. F. Rundle, Mr. I. G. Williams, Dr. R. M. B. MacKenna and Dr. J. Aldren Turner for their interest in the production of this record.

Photographs by the Department of Medical Photography, St. Bartholomew's Hospital.

ANNOUNCEMENTS

DEATH

DAVIES, John Philip Henry, M.A.,M.B., B.Ch. (Cantab.), D.P.H., of Elgin, Llanishen, Cardiff, on July 19th, 1949, suddenly, at the age of 66.

CHANGE OF ADDRESS

Dr. I. de Burgh Daly to the Institute of Animal Physiology, Babraham Hall, Babraham, Cambs. Tel.: Sawston 48.

Dr. I. P. Edwards to 16, Beechley Road, Wrexham. Tel.: Wrexham 2382.

BRITISH RHEUMATIC ASSOCIATION

There will be an exhibition of aids, appliances and services for sufferers from rheumatism at the Town Hall, Chelsea, from September 27th to 30th.

THE JOURNAL

Contributions must reach the Editor before the first Tuesday of the month for inclusion in the following number.

SPORT

GOLFING SOCIETY

The 15th Summer Meeting was held at the Denham Golf Club on Wednesday, June 8th, 1949, and was attended by 22 members. Mr. R. C. Corbett presided at the Supper in the Clubhouse after the meeting. The results were :—

Singles (under handicap, against bogey)

Gordon-Watson Cup : Dr. C. A. Francis—all square.

Runners-up : Dr. R. A. Shooter—2 down.
Dr. R. Moore Patterson—2 down.

Last 9 holes : Dr. W. J. Hanbury—all square.

Sealed holes : Dr. J. Wilson—all square.

Foursomes (9 holes under handicap, against bogey)

Winners : Dr. N. C. Oswald and Mr. G. T. Hankey—all square.

Runners-up : Dr. R. A. Shooter and Dr. J. M. S. Knott—1 down.
Dr. W. J. Hanbury and Dr. H. D. White—1 down.

Gillies Trophy (Singles, against bogey, without handicap)

Dr. J. Wilson—5 down.

The Autumn Meeting of the Society is being held at the Royal Wimbledon Club on the afternoon of Wednesday, September 14th.

All qualified Bart.'s men are eligible for membership and also any person from another school holding a medical appointment at the Hospital. The present Secretaries are Dr. H. F. Brewer and Dr. M. B. McIlroy, St. Bartholomew's Hospital.

CRICKET CLUB

Friday, June 10th v. Guy's Hospital. Second Round Inter-Hospital Cup.

RESULT : Match drawn.

On winning the toss Moyes decided to bat first on a plumb wicket. As usual in our Cup matches, disasters were soon upon us. Hawkes was bowled, Tomlinson stumped, and Braimbridge caught at slip, with only a handful of runs on the board. Worse was to follow Cairns, who was batting confidently, was well caught at short-leg off an attempted hook shot, just before the luncheon interval—the score then being 75—4. On returning to the wicket the Bart.'s batsmen never looked safe against the Guy's bowling and wickets fell steadily until, with the score at 114—8, Haigh joined Aubin, and together after playing through a period of very bad light, took the score slowly to 141. Here Aubin had the bad luck to pull a loose ball on to his wicket, a pity, as he had shown us some grand carefree swings. Then came Moyes, and the end seemed near. But no ! The innings lasted until tea and then for another half an hour in a last-wicket stand of 46, making a total of 187, many more than could have been hoped for at one time.

Although the Bart.'s batting was at times painfully slow (187 in just under five hours) the batsmen were not entirely to blame as the Guy's bowling, though very good at times, had as its line of direction a point two or three feet outside the off stump, tactics requiring the active co-operation of the batsman for the fall of his wicket, and they had only themselves to blame for not finishing the innings off sooner.

However, Guy's were left to score 188 in two hours 15 minutes (a rate of 84 runs an hour)—a not too difficult task even for them. They started well enough by taking 20 runs off the first two overs, but Vazifdar soon had two quick wickets, and from then on, against some excellent bowling by Foy and Clappen, were fighting to play out time. They gave us a useful lesson in this art which we thought we had perfected and the game ended with their score at 109—7.

Scores :

Bart.'s 187 (P. G. Haigh 36 not out, J. D. Cairns 34).

Guy's 109—7 (B. N. Foy 3 for 20).

Saturday, July 9th v. Hampstead, Away.

RESULT : Won by 7 wickets.

Hampstead elected to bat first on a hard, but fairly lively wicket.

They lost two quick wickets for only 28 runs, but then two left-handers were brought together and playing dour cricket slowly pushed the score upwards.

At this stage of the game Bart.'s were strengthened by the arrival of their captain, Tomlinson, who for this occasion had risen before lunch.

After lunch Clapper bowled well and very steadily; and when Aubin was brought back for his second spell, the last seven Hampsead wickets fell for a mere 40 runs.

Left to get 162 runs, Biddell batted confidently, making a useful 20; but a second wicket partnership between Tomlinson and Braimbridge really took command of the bowling and the runs were soon hit off for the loss of three wickets—Tomlinson being 95 not out at the close.

Scores :

Hampstead 162 (Aubin 4 for 25).

St. Bart.'s 166 for 3 (Tomlinson 95 not out).

Sunday, July 10th v. Rabbits.

RESULT : Lost by 5 runs.

On a perfect wicket at Chislehurst the Rabbits opened the batting confidently. Runs flowed steadily and it was difficult to see how a wicket could fall. However, before lunch May was given the ball and with a varied flight took a wicket.

After lunch wickets fell at the rate of one an hour. Eight bowlers were tried altogether. Tomlinson was the most persistent, cleverly varying his pace, flight and aim !

Left to get 253, Bart.'s went out to get the runs from the start. With a 66 from Whitting and 60 from Ross, the prospects looked bright, but three foolish run-outs set us back. Finally, with four balls to go before stumps were drawn, our last man was bowled attempting a mighty hit which might well have won us the game.

Scores :

Rabbits 253 for 4 dec.

Bart.'s 248 (Whitting 66, Ross 60).

July 11th v. Guy's Hospital. Cup Match replay.

RESULT : Lost by 7 wickets.

The Hospital were defeated by Guy's in the second round of the Hospitals' Cricket Competition, thus relinquishing their hold on the Cup they won last year, against the same rivals.

Moyes won the toss, and took Ross in to open with him. The bowling of Russell and Gray was reasonably accurate but never hostile, and the wicket gave them no assistance whatever. We lost our first wicket at 20, when Ross played a break-back on to his stumps. Even so early in the day the heat was intense and the bowlers and batsmen alike had already shed more than the generally accepted amount of "invisible" perspiration.

Tomlinson, having got his eye in, took three fours in one over from Gray, but was then unfortunately run out by a good return from Williams at cover. At this stage the scoreboard read 49 : 2 : 24—a mere pittance considering the state of the wicket. Guy's now reverted to their slow bowlers and very soon Moyes was out playing back to Woodford. Cairns and Braimbridge soon settled down, however, and never seemed to be in any trouble, although a series of full tosses from Graham received more courtesy than is proper, even in a Cup match. After lunch the partnership bloomed, and Cairns employed the square drive to good effect, whilst Braimbridge favoured the more vigorous off-drive between mid-off and extra cover. The stand was eventually broken, after it had put on over a hundred, when Cairns failed to get over a ball from Tweed and was caught on the off side. Braimbridge, however, went from strength to strength and was most unfortunate to miss his century by five runs, being out to an atrocious ball from Graham. With the exception of May (36) the rest of the Bart.'s batsmen seemed strangely unable to choose either the right ball to hit, or the right place to hit it, and the innings closed for 262 at 4.30 p.m.

Woodford and Blake opened for Guy's and put on a hundred runs before Clappen caught and bowled the former for 36. Blake batted magnificently throughout his innings. He is a "southpaw"—a member of a tribe who, as O'Reilly said, "should be strangled as soon after birth as their abnormality shows itself." His innings laid the foundations of victory for his side and was fittingly ended by a great one-handed catch by Clappen in the slips off Aubin. Shortly afterwards Aubin bowled Lipington, and May missed Russell's off-stump by a whisker. The latter then set about the Bart.'s bowling, ably abetted by Williams, both producing shots the envy of the writer. Russell worthily made the winning hit, which had it been a four and not a one, would have given him his century as well as victory for Guy's.

So the Cup now remains in the Bart.'s library only on sufferance. Our congratulations go to Guys on a most excellent performance—an object lesson in fielding and enterprising batsmanship.

Scores :

Bart.'s 262 (Braimbridge 95, Cairns 44).

Guy's 263 for 3 (Blake 91, Russell 98 not out).

July 17th. Bart.'s Past v. Bart.'s Present.

RESULT : Bart.'s Present won.

The quiet start to this match gave little indication of the excitement to follow. The Past batted first on a wicket which enabled the bowlers to impart spin, but the ball turned too slowly to trouble the batsmen very much. In fact the batsmen were able to take the score, albeit sedately, to 235 for 7 wickets when Mr. O'Connell declared the innings closed. Ralph Heyland, with 67, was top scorer.

The Present, with two and a quarter hours to score the runs, began as though they had plenty of time to spare. Tomlinson, however, played himself in and proceeded to demonstrate the art of scoring quickly, despite a well-placed defensive field. He was unbeaten with a magnificent 148 when the necessary runs had been scored to win within a few minutes of time.

The many spectators thus enjoyed the best Past v. Present match for many years.

We are extremely grateful to Mr. O'Connell for his generosity in providing lunch and tea for all.

Scores :

Past 235 for 7 dec. (R. Heyland 67).

Present 236 for 6 (Tomlinson 148 not out; Finch 5 for 94).

RESULTS

Saturday, June 4th v. Balliol College, Oxford.

Lost by 3 wickets.

Bart.'s 147 (J. D. W. Tomlinson 44).

Balliol College 148—7 (J. D. W. Tomlinson 4 for 15).

Wednesday, June 8th v. Gerrards Cross C.C.

Lost by 7 wickets.

Bart.'s 106.

Gerrards Cross 108—3.

Saturday, June 18th v. Horlicks C.C.

Lost by 48 runs.

Horlicks 188 (P. G. Haigh 5 for 79, J. A. Clappen 4 for 59).

Bart.'s 140 (J. A. Clappen 47, J. P. Waterhouse 34 not out).

Sunday, June 19th v. Barking C.C.

Match drawn.

Barking 219—7 dec. (P. G. Haigh 4 for 87).

Bart.'s 160—6 (J. A. Clappen 70 not out).

Saturday, June 25th v. Nomads C.C.

Match drawn.

Bart.'s 143—8 dec. (P. D. Moyes 33).

Nomads 128—4 (P. G. Haigh 4 for 53).

Sunday, June 26th v. H.Q. Eastern Command.

Won by 97 runs.

Bart's 231—8 dec. (A. G. May 118, P. D. Moyes 55).

Eastern Command 134 (P. G. Haigh 5 for 55, A. J. Clappen 4 for 78).

Saturday, July 16th v. Finchley.

Match drawn.

St. Bart.'s 146 for 6 dec. (Ross 80).

Finchley C.C. 146 for 5 (Vaughan 90 not out).

Saturday, July 23rd v Hornsey.

Lost by 198 runs.

Hornsey 345 for 5 dec.

St. Bart.'s 154 (Ross 58).

TABLE TENNIS CLUB

It is some time since the activities of Bart.'s Table Tennis Club were recorded in the Journal and, now that the season is nearly over I felt that it would be of interest to readers to hear of the progress and achievements of the club.

University League Matches

Bart.'s 1st team, playing in the University 2nd League, had a successful season, winning seven out of their 10 matches. The team was drawn from Messrs. Cohen, Connell, Cracknell and Husainee.

Bart.'s 2nd team, playing in the University 3rd League, got away to a fine start, winning four out of their first five matches. After that, the opposition became stronger and the final figures were four out of eight matches won. The team

was drawn from Messrs. Glasset, Greenhalgh, Hellings-Evans, Lacey, Marker, Parrish, Pearsons, Rushton, Smith and Waddy.

Full results of matches are appended.

London University Championships

These were held at the Union Assembly Hall, Malet Street, and Bart.'s entered nine representatives out of a total entry of 150. Of the nine, two, namely Messrs. Cohen and Connell, reached the last 40 before being knocked out. This championship was very enjoyable and provided valuable match experience.

General Remarks

The last General Meeting was held in October, 1948, and only 13 people turned up. The future of the Club looked uncertain, to say the least of it. It was decided at that meeting that a subscription of 5s. per year would have to be collected from each member to cover the cost of balls and bats.

By Christmas the number of members had risen to 30 and now the figure stands at 45, seven of whom are women.

The Club has no table at the Hospital owing to lack of space, but we have one fairly good table and two poor tables in the Gym at Charterhouse Square and one has only to go there between the hours of 12 a.m. to 3 p.m. in the cooler months to see how the Club thrives.

The Future

It is hoped to run open and handicap tournaments during the next season and to play friendly matches with other hospitals as well as playing in the University League.

It is also hoped to run a 3rd team in the University League.

The possibility of obtaining the services of a coach will also be fully explored.

The Annual General Meeting will be held on October 5th. Time and place to be announced later.

P. H. C.

RESULTS

UNIVERSITY LEAGUE II
(Bart.'s 1st Team)

December 15th (home) v. Imperial College III—WON 7—2.
January 12th (away) v. Westminster College I—WON 6—3.
January 19th (away) v. London School of Economics III—WON 7—2.
January 27th (home) v. Battersea Polytechnic II—LOST 3—6.
February 2nd (home) v. King's College III—WON 7—2.
February 10th (home) v. Queen Mary College I—LOST 2—7.
February 15th (away) v. Royal Dental Hospital II—LOST 4—5.
March 7th (home) v. School of Oriental and Asiatic Science I—WON 5—4.
March 9th (home) v. University College III—WON 7—2.
March 17th (away) v. West Ham College II—WON 6—3.

UNIVERSITY LEAGUE III
(Bart.'s 2nd Team)

December 8th (home) v. Westminster College II—WON 6—3.
December 13th (home) v. Northampton Engineering College II—WON 5—4.
January 13th (away) v. Northampton Engineering College I—WON 5—4.
February 8th (home) v. Northam Polytechnic II—LOST 2—7.
February 22nd (home) v. Goldsmiths College I—WON 7—2.
March 3rd (away) v. Royal Veterinary College I—LOST 2—7.
March 11th (away) v. Queen Mary College—LOST 1—8.
March 17th (away) v. University College IV—LOST 3—6.

ATHLETIC CLUB

At the conclusion of the 1949 season Colours were awarded as follows :—

Honours : B. D. Lascelles.
Honours Re-awarded : J. I. Burn, J. A. Menon, D. C. Morgan, P. D. Matthews.
Team Colours : D. L. Bee, J. K. Murphy, J. A. Macdonald, J. A. Stainton-Ellis, J. C. Carter.

RUGGER CLUB 1948-49

The following have been awarded Honours :—
P. D. Moyes, A. H. John.

The following have been awarded Colours :—
P. D. Moyes, J. L. M. Corbet, A. M. Baker, D. G. Dick, A. H. John, A. P. Wynne-Jones, A. J. Third, M. B. S. Cooper, W. G. Holland, J. K. Murphy, K. A. Clare, J. D. Griffiths.

PLYMOUTH SPECIAL HOSPITAL MANAGEMENT COMMITTEE

The Isolation Hospital, Beacon Park Road, Plymouth.

Resident Assistant Medical Officer (B.1)
(Male, unmarried)

Applications are invited for the above whole-time appointment. The duties are chiefly in connection with fevers, venereal diseases and early tuberculosis, and applicants should be able to drive a car.

Salary £500 per annum, together with full residential emoluments. Previous general hospital house appointments essential.

The appointment will be for a period of six months in the first instance, mutually renewable for a further six months, subject to any alterations of salary and conditions which may be in force at that time. Appointment is terminable by one month's notice on either side.

Applications from practitioners holding B1 appointments cannot be considered unless ineligible for H.M. Forces.

Applications should be sent to the Medical Superintendent, at the above address, as soon as possible, enclosing copies of two recent testimonials.

B.M.A. PRIZES

Application forms for entry may be obtained from the Secretary of the British Medical Association, Tavistock Square, W.C.1.

EXAMINATION RESULTS

ROYAL COLLEGE OF PHYSICIANS

The following Candidates, having satisfied the Censors' Board, are proposed for election as Members :—

Cotes, J. E.	Ellis, R. H.	Grunbaum, L. N.	Joekes, A. M.
King, R. C.	Whitfield, D.		

ROYAL COLLEGE OF SURGEONS

At the Primary Examination held in **July, 1949,** the following candidates were successful :—

Archer, R. M.	Jones, R. F. M.	Robinson, J. O.	Frampton, H. G.
Nicholson, R. D.	Routledge, R. T.	Harrison, R.	Robins, R. H. C.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

Diploma in Medical Radio-Diagnosis — **April, 1949**

Pratt, T. L. C. — Stone, P. H. D.

Diploma in Medical Radiotherapy — **April, 1949**

Cohen, L. — Goolden, A. W. G.

Diploma in Anæsthetics — **May, 1949**

Middleton, H. G. — Samrah, M. E.

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination — **Easter Term, 1949**

Part II—Principles and Practice of Physic, Pathoduate Diploma in Bacteriology—1949

Bates, A.	Cooper, E. A.	Court, G. A.	Dawson, W. G.
Freeman, P. A.	Harris, J. R.	Kehoe, M. J.	McWhinney, I. R.
Morrison, W. P. L.	Odlum, H. R.	Roberts, J. M.	Struthers, R. A.
Wilkinson, M.			

CONJOINT BOARD

First Examination

Anatomy — **June, 1949**

Allan, R. — Hill, A. N. — Watmough, G. C.

Physiology

Allan, R. — Newberry, R. G.

Pharmacology

Beattie, A. O. C.	Moyes, P. D.	Sacks, R. H. B.	Marsh, G. W.
Nielsen, J. S.	Turner, W. J. A.		

Final Examination — **June, 1949**

Pathology

Brown, H. S.	Cardwell, J. S.	Carter, F. G. T.	Cox, J. S.
Jones, N.	Liu, S.	Mehta, J. S.	Pedersen, J. L.
Rowson, K. E. K.	Singh, B.	Turner, W. J. A.	Vercoe, M. G. S.
Vince, A. A. P.			

Medicine

Andrews, J. D. B.	Bhandari, N. P.	Brown, H. S.	Crook, R. A.
Evans, T. L.	Ffooks, O. O. F.	Hardy, C. G. J.	Latham, J. W.
Mehta, J. S.	Singh, B.	Timmins, W. L.	

Surgery

Burns, H. J.	Capstick, N. S.	Chesover, I.	Dibb, F. R. F.
Evans, T. L.	Facer, J. L.	Ffooks, O. O. F.	Garrod, D. C. H.
Griffiths, J. D.	Hawkes, P. H. R.	Jackson, P. G.	Jowett, J. H. G.
Kazantzis, G.	Latham, J. W.	Mason-Walshaw, K. R.	Mehta, J. S.
Montfort, F. G.	Morley, D. F.	Rees, J. H.	Richards, R. B. O.
Rohan, R. F.	Singh, B.	Thomas, D. H. C.	Wainwright, A. J.

Midwifery

Andrews, J. D. B.	Blakeway, I.	Burn, J. I.	Chandler, G. C. H.
Chorley, G. E.	Green, N. A.	Hale, B. C.	Hibbard, B. M.
Holland, W. G.	Hovenden, B. J.	James, D. C.	Jenkins, G. C.
Kaye, M .	Kinsman, F. M.	Lewis, H. E.	Liu, S.
Marsh, G. W.	Mehta, J. S.	Montgomery, B. K.	Moore, G. J. M.
Morgan, D. C.	Nielsen, J. S.	Richards, R. B. O.	Rowson, K. E. K.
Simmons, P. H.	Stebbings, N. E.	Tannen, G. P.	Warlow, P. F. M.

The following students have completed the examination for the Diplomas M.R.C.S., L.R.C.P.:

Burns, H. J.	Ffooks, O. O. F.	Hawkes, P. H. R.	Latham, J. W.
Mehta, J. S.	Singh, B.	Timmins, W. L.	